

# COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2021 - JUNE 30, 2022

Deadline: July 15, 2022

1	DEP	DTA	<b>TENT</b>	<b>INFORMATION</b> :	
1.		<b>4 IV</b> 1 11		- 1   1   F   1   F   1   1   1   1   1	

Department:

**Board of Supervisors - District 1** 

Division/Unit:

**Board of Supervisors - District 1** 

### 2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

NI -CVI-1	2 11	400 37	635 57	014 025 20
No. of Vol.	2 Hours	420 X	\$35.56 =	\$14,935.20

Types of work performed by GENERAL VOLUNTEERS in this category:

Policy Research, bill and budget tracking

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.	Hours	X	\$35.56 =	\$0.00

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>		<u>Hours</u>	X	$\underline{\text{VCL}} =$	Dollar Benefit
			_		\$0.00
			_		\$0.00
			_		\$0.00
					\$0.00
					\$0.00
				·	
No. of Vol.	Total Hours	0		Total Value	\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

### d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers		<u>Hours</u>	Dollar Benefit	
2a.	2	420	\$14,935.20	
2b.	0	0	\$0.00	
2c.	0	0	\$0.00	
Total Vol.	2 Hours	420 Total Value =	\$14,935.20	

# 3. DONATIONS TO VOLUNTEER PROGRAM:

d. TOTAL OF VOLUNTEER PROGRAM COST

(add 4a, 4b, and 4c)

4.

Please list all donations to the department's		-	
tangible/intangible items. Items such as co			
assign a fair market value to each and add	to the total value of the	ie donations sect	ion.
Item Donated:		Value:	
Item Donated:			
Item Donated:			
Item Donated:		Volue	
Item Donated:		Value:	
	TOTAL VALUE =		\$0.00
<b>VOLUNTEER PROGRAM COSTS:</b>			
a. Cost of supervision of volunteeers (total	al hours of direct super	vision multiplied	l by the hourly
rate of staff person (s) directly supervising	_	•	,
Hours 52.5 X Rate	\$55.50 =		\$2,913.75
Trouis 33.3	φοσισσ		Ψ2,713.70
b. Cost of program coordination (total hor of coordinator(s)). This section should inc description preparation, volunteer placement	lude coordination of st	-	•
Hours X Rate	=		\$0.00
c. Other program costs (volunteer training	g materials/supplies, re	ecognition costs,	etc.):
•.			
<u>Item</u>			Cost
n/a			
			÷.
			Anteleconity and
TOTAL OF OTHER PROGRAM COS	TS =		\$0.00
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## 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$14,935.20

\$0.00

\$2,913.75

#### **TOTAL PROGRAM BENEFIT**

\$12,021.45

#### 6. RECRUITING:

Please describe your recruiting programs:

We recruit directly with the local colleges via Handshake and department chairs. We have posted paid fellow ships on the county governmentjobs.com job board and the County DHR team have also assisted with our recruitment at college job fairs. We have recruited via our social media outlets.

#### 7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8	<b>VOLUNTEER</b>	<b>PROGRAM</b>	GOALS FOR	FISCAL	YEAR	2021-22:
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Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

### 9. GENERAL INFORMATION:

Name of person completing report: Viviana Ontiveros

Phone: 619-531-5662 Mail Stop: A500 E-Mail: viviana.ontiveros@sdcou

Volunteer Coordinator: Antionette Velasquez

Phone: 619-531-6347 Mail Stop: A500 E-Mail: Antionettem.velasquez@

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE